

# Teaching Human Rights in Surgical Curriculum

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**Abstract:** The relatively new academic discipline of health and human rights builds upon international efforts to support universal human rights education. I propose that teaching of human rights, both in domestic and international situations, could be part of a structured curriculum along with medical ethics, professionalism, role-modeling, and mentoring for surgeons in training. I suggest a pilot course of human rights be taught to global and humanitarian surgeons as an initial step before widespread inclusion for all surgeons.

## INTRODUCTION

Current issues of institutional racism, police brutality, and COVID-19 affecting the minority population disproportionately have exposed deep fissures in our society.<sup>1</sup> There is a misconception that many human rights issues exist only in low- and middle-income countries, but clearly, we encounter patients whose health is affected by human rights violations in our institutions and the cities we live in the United States. Human Rights Watch, suggested that in 2019, the United States administration continued to move backward on rights in the areas of inhumane immigration policies and ignored mass incarceration; undermined the rights of women and lesbian, gay, bisexual, and transgender people; and weakened the ability of Americans to obtain adequate health care; and diluted regulations in industries that could potentially risk health and safety. Furthermore, racism and discrimination continued to tear apart established societal norms.<sup>2</sup> In this perspective, I discuss the importance of sensitizing surgeons to various facets of human rights and make a call to teach human rights in the surgical curriculum.

## DISCIPLINE OF HEALTH AND HUMAN RIGHTS

The relatively new academic discipline of health and human rights builds upon international efforts to support universal human rights education. The concept of human rights was popularized by the World Health Organization, which then expanded into the public health workforce. For the purposes

of this perspective, human rights are defined as The 1948 Universal Declaration of Human Rights to promote “understanding, tolerance and friendship among all nations, racial or religious groups.”<sup>3</sup> Civil rights and political rights comprise the first portion of the 1948 Universal Declaration of Human Rights (with economic, social, and cultural rights comprising the second portion).<sup>4</sup> The Declaration proposes no mechanisms for the enforcement of its provisions, yet there it has come to command a significant “moral” authority. Civil and political rights are intertwined with human rights but are not the focus of this perspective.

## HISTORICAL ASPECTS OF HUMAN RIGHTS

The Universal Declaration of Human Rights was conceived as a revulsion against the horrors of the Holocaust. It was inspired by President Franklin Roosevelt’s four freedoms: “the freedom of speech and expression, the freedom of worship, the freedom from want, and the freedom from fear.” It was written by a UN commission led by Eleanor Roosevelt and adopted in 1948; the Declaration has become the moral backbone of more than 200 human rights instruments, which has been a source of hope and inspiration to millions of oppressed individuals.<sup>3,6</sup>

The concept of human rights proclaims the inherence of “human dignity,” which would be applicable to all patient interactions and medical conditions a surgeon would encounter. It is a characteristic that “no person and no political or social body or organ gave us” and that, therefore, no person or political/social body is empowered to violate. Such dignity functions in the Declaration, not merely as an elementary human characteristic but as “an absolute and general principle.”<sup>3,4</sup>

## COMPLICITY OF HEALTH PROFESSIONALS IN BREACHING HUMAN RIGHTS

When we think about the complicity of health professionals in breaching their obligations by engaging in inhuman treatment or torture, the public tends to focus on their role in the abuse of prisoners or detainees, as seen by the Abu Ghraib prison scandal.<sup>5</sup> The record of CIA and health professionals in contributing their medical skills and professional opinions to support the use of isolation, sleep deprivation, and waterboarding of detainees is well documented. Human rights organizations have shown that violations frequently occur in the field of reproduction and sexuality. For example, in the 1990s, as a result of government policy, physicians sterilized more than 300,000 indigenous Peruvians against their will.<sup>6</sup> More recently, rights groups have filed a complaint against a migrant detention center in the United States, alleging medical neglect and a lack of COVID-19 safety measures including a high number of hysterectomies without informed consent performed on Spanish-speaking

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The concept was developed during Jindal’s ongoing work as Commissioner, Office of Human Rights, Montgomery County, Maryland, and Fulbright-Nehru Distinguished Chair to India (2016 and 2020).

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women.<sup>7</sup> Human Rights Watch and interACT in a 160-page report alleged that surgeons in the United States continue to perform unnecessary surgeries leading to permanent harm on intersex children despite decades of controversy over the procedures when they are too young to participate in the decision.<sup>8</sup>

## RELATIONSHIP BETWEEN HUMAN RIGHTS AND MEDICAL ETHICS

Research published in the *Journal of the Royal Society of Medicine*<sup>9</sup> posited that human rights and medical ethics are “parallel mechanisms, the former working at the sociopolitical level and the latter more at the level of the doctor-patient relationship.” Peel suggested that human rights and medical ethics are complementary and teaching and practice of two together would maximize protection to the vulnerable patient. Surgeons by and large the world over comply with the Hippocratic Oath and support human rights indirectly in their work.

## DOMESTIC HUMAN RIGHTS VERSUS INTERNATIONAL HUMAN RIGHTS

Progress has been made in teaching domestic human rights courses in the medical school curriculum; however, courses do not adequately address international aspects of human rights issues. Sonis et al carried out a cross-sectional survey of US medical schools to investigate the role of human rights as part of bioethics curricula in US medical schools.<sup>10</sup> Their main outcomes were the extent of human rights teaching at each school as the percentage of 16 human rights issues. Course directors at 90% of the 125 US medical schools responded to the survey. They found that medical schools included only half of 16 human rights issues in their required bioethics curricula. Domestic human rights issues, such as discrimination in the provision of health care to minorities (82% of medical schools), were covered much more frequently than international human rights issues; an example was physician participation in torture, which was covered by only 17% of schools.

## FORMAL TEACHING OF HUMAN RIGHTS IN SURGICAL CURRICULA

The World Medical Association and the International Council of Nurses have proposed that medical and nursing schools should incorporate medical ethics and human rights as core components of graduate education. The American Public Health Association has promoted human rights initiatives by convening symposia to examine approaches to teaching health and human rights.<sup>11</sup> However, formal teaching of human rights in surgical curricula is lacking. The academic discipline of health and human rights, as it relates to surgery, needs a standardized curricula, harmonizing teaching materials and methods in health and human rights. I suggest that this would provide a unified foundation for a common terminology and core knowledge for health policy, research, and advocacy. The 16 human rights issues suggested by Sonis et al,<sup>10</sup> that is, domestic health issues, informed consent in research, punishment of physicians for refusing to collaborate in breaches of medical ethics, obligation of physicians to protect colleagues who risk their lives to carry out medical duties, rights of children, discrimination in health care to prisoners, immigrants, homosexuals, disabled persons, minorities, women, definition of human rights, international health issues, physician participation in torture, psychiatric labeling of political dissenters, violations of medical neutrality, role of physicians in war and armed conflict, and violations of international human rights law, could be the starting point for building a human rights curriculum specifically for surgeons. Standardized educational

resources, which are readily available in the teaching of human right courses in other disciplines, could be incorporated over time. An exemplar is the toolkit developed by the Consortium of Universities for Global Health for global health education competencies.<sup>12</sup> Guidelines arising from various surgical societies governing partnerships between high and low and middle-income countries could also serve as models.<sup>13</sup> Eventually, educationists working with American or International Surgical Colleges can create standardized series of lectures and practical cases to prepare the next generation of surgical policymakers and advocates to face ongoing challenges to the promotion of human rights in surgery. I propose integrating a curriculum in a phased manner, including all 16 issues into core surgical clerkship, while advanced topics in health and human rights are incorporated into residency and fellowships.

## TRIAGING HEALTH AND HUMAN RIGHTS TEACHING TO SURGEONS

It may be considered unnecessary to spend limited curriculum hours and resources on teaching international human rights, which are unlikely to be encountered by a US-based medical students. For example, it can be argued that issues such as “role of physicians in war,” “physician participation in torture,” and “psychiatric labeling of political dissenters” are too esoteric, and US medical graduates are unlikely to encounter in their clinical practice. However, in an increasingly interconnected world such as infectious diseases, issues of migration, and freedom of expression can rapidly permeate international boundaries and affect us all. Educators must realize that human dignity must be understood and practiced irrespective of the underlying medical or surgical disease a patient may present with. However, medical schools will have to balance other societal concerns such as climate change, mental health, and cultural sensitivity in limited curriculum hours.

## PILOTING HEALTH AND HUMAN RIGHTS CURRICULA ON GLOBAL SURGERY AND HUMANITARIAN SURGEONS

There is a growing interest in global health and global surgery.<sup>14</sup> Many young American surgeons have a strong desire to do international humanitarian work.<sup>15</sup> Approximately 30% of North American medical students pursue electives in global health, while 13% of general surgery programs in the United States offer electives in global surgery. It is inevitable, and indeed desirable that our students and residents be exposed to medical and psychological conditions not routinely seen in the United States. Instruction in ethics before international electives has been implemented on a wide scale<sup>16</sup>; human rights courses could be intertwined with the ethics curriculum.

Surgeons comprise a significant proportion of staff working in the frontlines of organizations such as *Physicians for Human Rights*, *Doctors Without Borders*, and the US Armed Forces.<sup>17</sup> They are likely to encounter issues, dilemmas, or violations of international human rights working around the world, both in areas of conflict and in peacetime. Doctors Without Borders in their 2018 annual report showed that of the 11,218,676 outpatient consultations, 7% of patients were admitted as in-patients, while over 104,744 major surgical interventions were carried out.<sup>18</sup> A study at US military facilities in Afghanistan, approximately half of surgical procedures carried out for local civilians were for noncombat injuries and health problems. From January 2002 through March 2013, 5,786 local civilians underwent 9,428 surgical procedures accounting for 37,121 inpatient hospital days. Overall, 2,853 of these patients (49%) were treated for conditions that were not directly related to the war. In contrast, 2,933 procedures were classified as war-related

because they dealt with injuries and conditions that occurred as a direct consequence of the conflict in Afghanistan.<sup>19</sup> American surgeons are also leading the way in strengthening specialist surgical services such as in kidney<sup>20</sup> and corneal transplantation,<sup>21</sup> opening up a new era of providing complex surgical procedures by forming public-private partnerships.<sup>22</sup>

## CONCLUSIONS

I suggest that teaching of human rights, both in the domestic and international situations, could be part of a structured curriculum along with medical ethics, professionalism, role-modeling, and mentoring for surgeons in training. A pilot course of international human rights is taught to residents in global surgery and humanitarian surgeons as an initial step before widespread inclusion for all surgeons. It is our duty as educators to ensure that surgeons have a deep understanding of human rights to be competent clinicians as agents of change. The 51st World Medical Assembly in Tel Aviv in 1999 issued a resolution calling for the inclusion of medical ethics and human rights in the curriculum of medical schools worldwide. I agree with Mishori,<sup>23</sup> who has proposed that “Maybe it is time to start handing out the Universal Declaration to medical students on the day they graduate. It is a guide as vital to deeper understanding and quality execution of their jobs as the Hippocratic Oath.”<sup>24</sup> A rights-based approach which proclaims the inherence of “human dignity” will provide a moral framework that will enable surgeons to address injustice in health care at their institutions.

There is a definitive need for surgeons to understand the social, cultural, and environmental contexts, which can be grouped as social determinants of health.<sup>3</sup> Surgeons need to be aware of human rights as we treat and counsel patients who have come to the United States from parts of the world devastated by human rights violations, which may include injuries caused by torture by state agencies, female genital mutilation, domestic violence, sex trafficking, substandard prisons, child labor, or illegal working conditions. Surgeons trained in the philosophy of human rights could potentially assist victims medically, legally, and socially by documenting and publicizing abuses. Furthermore, surgeons can assist asylum seekers, testify in court, and refer them to governmental or NGOs, who are known to be sensitive and fair to the political, cultural, and social dimensions of their suffering.

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